

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	E42	1-17-94
TYPIST	339	11/3/94
VERIFIER	106	12/19-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	✓
40	
41	
42	
43	
44	
45	
46	
47	✓
48	N
49	N
50	✓

SYMBOLS

- ✓ Rejected
- Allowed
- (Through numbers) Cancelled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
Final	
Original	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	✓
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

(LEFT INSIDE)